[DISTRICT NAME] PUBLIC SCHOOLS Multidisciplinary Evaluation Report for Students Suspected of Having a Learning Disability

School:	Da	Date of Birth:	
1. EVA	nformation must be reviewed by the Planning and Place LUATION REQUIREMENTS tive strategies: Implementor(s):	cement Team and docu	
Strategies	[Attach additional information, including math and reading worksheets, as appropriate]	Results	Dates [To/From]
	reading worksheets, as appropriates		[10/110m]
B. Parental	l Input:		
	onally Relevant Medical Findings, if any		
	Classroom Observation:		
u. Kegular			
	ctivity(ies):		Date(s):
Academic ac Observer(s)	ctivity(ies): [team member(s) other than student's regular to	eacher]:	Date(s):
Academic ac Observer(s)	ctivity(ies):	eacher]:	Date(s):
Academic ac Observer(s)	ctivity(ies): [team member(s) other than student's regular to	eacher]:	Date(s):
Academic ac Observer(s) Behavior ol	ctivity(ies): [team member(s) other than student's regular to bserved and the relationship to academic fu	eacher]:	Date(s):
Academic ac Observer(s) Behavior ol	ctivity(ies): [team member(s) other than student's regular to	eacher]:	Date(s):
Academic ac Observer(s) Behavior ol	ctivity(ies): [team member(s) other than student's regular to bserved and the relationship to academic fu	eacher]:	Date(s):
Academic ac Observer(s) Behavior ol	ctivity(ies): [team member(s) other than student's regular to bserved and the relationship to academic function functio	eacher]:	Date(s):
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Academic ac Observer(s) Behavior ol	ctivity(ies): [team member(s) other than student's regular to bserved and the relationship to academic function functio	eacher]:	Date(s):

2. CRITERIA Check the criteria used to determine eligibility for students suspected of having a specific learning disability.				CRITERIA MET				
				YES	NO			
To determine eligibility for students suspected of having a specifidentification process that determines if the child responds to scient evaluation procedures. (H.R. 1350 Section 614(b)(6)(B)) Docume Evaluation Report.	a part of the plinary							
To determine eligibility for students suspected of having a specif severe discrepancy model and applying the criteria listed below.								
1. Does a severe discrepancy exist between ability and achievement? If yes, indicate which area(s) below: [Note: at least one area must be identified]								
☐ listening comprehension ☐ reading comprehension ☐ basic reading skills ☐ oral expression								
written expression mathematics calculation 2. Has a disorder in one of the basic psychological processes in under	mathematics reaso		n language					
been identified?	standing of in using s	poken of writte	ii ianguage	**				
3. (a) Severe discrepancy is <i>primarily</i> due to:		YES	NO					
a. Lack of instruction in reading and math • (Based on Math and Worksheets)	Reading							
b. Visual, hearing or motor impairments								
c. Mental retardation				Note: If all are in the N				
d. Emotional disturbance					udent meets			
e. Environmental, cultural or economic disadvantage				the criteria	for #3.			
f. Limited English proficiency								
g. Motivation								
h. Situational Trauma								
3. (b) Has NO been (✓)'d for all items in #3 above (a-h)?								
4. Are special education and related services required to correct the se	evere discrepancy ide	ntified in #1?						
*Criteria #1: If the severe discrepancy exists, but is not evident in	n the standardized tes	ts, provide ratio	nale for using	g clinical ju	dgment.			
** Criteria #2: If a processing disorder(s) exists, how does it relate to the area(s) of academic concern?								
Criteria #3a:	(unless math or read	ing is not an are	a of weaknes	s)				
The planning and placement team has reviewed the information presented and has made the determination that the student has a								
learning disability and requires special education: YES (all 4 criteria have been met) NO Each team member shall certify in writing that this report reflects her/his conclusion (Bold means required).								
Each team member shart certify in writing that this report reflects her/his conclusion (Bold means required). SIGNATURE TITLE								
	Regular Education Teacher							
Examiner/special education instruction								
Examiner/pupil personnel services								
Administrator								
Other								
	Other							

If this report does not reflect a team member's conclusion s/he must indicate below her/his reasons and conclusion.							
Name:	Title:	Signature:					
Reason(s) and conclusion:							